

2.0. AIDS SURVEILLANCE

AIDS data represent persons in the late stages of HIV infection, who, on average, have been HIV-infected for a decade.⁴ Because of the long duration of this incubation period, data on persons with AIDS do not necessarily represent those who acquired infections in the recent past. Patterns of infection change over time. Nonetheless, of all HIV-related data, only AIDS case data are consistently available on a population-wide basis in all states by sex, race/ethnicity, age and mode of exposure to HIV.⁵

AIDS is a reportable condition in all states and territories. Since the early 1980's, states have been conducting AIDS surveillance and routinely reporting anonymous, but detailed, case information to CDC. The Tennessee Department of Health actively tracks AIDS throughout the State using a nationally standardized data collection system developed by CDC, known as the HIV/AIDS Reporting System or HARS. Regional field representatives administer the system, and are responsible for identifying and updating area cases of AIDS through regular contact with doctors' offices, hospitals, clinics and other facilities where HIV/AIDS testing or treatment takes place. They are also responsible for determining a mode of exposure to HIV when no such risk is reported. Due both to this level of official scrutiny and to the severity of the disease, the AIDS data set tends to be very complete, reflecting an estimated 80% to 90% of cases nationwide.⁶

Although the HARS data set is relatively complete and reliable, interpretation of AIDS surveillance data is complicated by two important factors: changes in the definition of AIDS and delays in reporting AIDS cases.⁷ States conduct surveillance using a definition of AIDS issued by CDC. Periodically, this definition has been revised. The most dramatic revision of the AIDS surveillance case definition was made in January 1993, when it was expanded, retaining the 23 clinical conditions that had previously defined AIDS, and adding three more: pulmonary tuberculosis, recurrent pneumonia and cervical cancer. In addition, the new definition recognized severe immunosuppression, as evidenced by low CD4+, or "T-helper" cell counts, as an AIDS defining condition.⁸ As researchers had anticipated, this change in definition resulted in large increases in the number of reported AIDS cases, particularly during 1993, when the definition went into effect nationwide. At this time, approximately half of the known HIV cases then became

⁴ Alcabes et al. "Incubation Period of Human Immunodeficiency Virus." **Epidemiologic Reviews** 1993;15,2:303-318.

⁵ CDC, Division of HIV/AIDS Prevention. **Suggested Guidelines for Creating an Epidemiologic Profile for HIV Prevention Community Planning**. 1995:4.6-4.7.

⁶ **Ibid.**

⁷ Bacchetti, Peter. "Historical Assessment of Some Specific Methods for Projecting the AIDS Epidemic". **American Journal of Epidemiology**. 1995; 141,8:776-781. CDC. Division of HIV/AIDS. "Simple Methods for Estimating HIV Prevalence and Projecting AIDS Trends." **Suggested Guidelines for Creating an Epidemiologic Profile for HIV Prevention Community Planning**. 1995.

⁸ See Appendix 3, "List of Conditions Qualifying as AIDS in the Presence of HIV Infection," for a more detailed description of the 1993 AIDS surveillance case definition.